

File No.—For State Registrar Only

County of EXINGTON

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

19401

Township of PARADISE

Registration District No. Registered No.
(For use of Local Registrar)

or
 You Term of

Inc. Town of.....
OF

City of

(No. 2.....St.:Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Anna Marie Tilden If child is not yet named, make supplemental report as directed

3. BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>✓</i>	(5) Number in order of birth <i>✓</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 5 1922</i> (Type of Month) (Day) (Year)
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FATHER.		MOTHER.	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

5 FULL NAME Benjamin Filder (14) NAME BEFORE MARRIAGE Mary Lorniso

1) PRESENT *[Signature]* (15) PRESENT *[Signature]*

POSTOFFICE OF FATHER Post Office POSTOFFICE OF MOTHER Post Office

(10) COLOR OR RACE *1/2*
(11) AGE AT LAST BIRTHDAY *24*
(12) COLOR OR RACE *Black*
(13) AGE AT LAST BIRTHDAY *24*

(12) BIRTHPLACE LAKE CHARLES, LA (18) BIRTHPLACE LAKE CHARLES, LA

10. OCCUPATION Therapist W 10. OCCUPATION Therapist W

(17) Occupation *Teacher*

(14) Number of children of this mother: 3

(21) number of children born to mother, including present birth	(21) number of children it was mother new living, including present birth
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. (Born alive or still born) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplement
al report

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed June 10 94 (28) Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WHITE DIARREY, WITH UNPAID INC.—THER IN A FORTNIGHT A RECOVERED.
N. B.—In case of TYNIS OR THERETS use a SEPARATE DIARREY FOR EACH CHILD, and mark the
FIRST-ONE, No. 1. THE OTHER, No. 2, etc., in question 8.